Effective October 1, 2003 09/835443													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER SMALL I		
TOTAL CLAIMS					,		RA	TE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASI	C FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			minus 20=				X\$	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		•			X43=		OR	X86=	·	
MULTIPLE DEPENDENT CLAIM PI			RESENT				+145=			OR	+290=		
 If the difference in column 1 is less than zero; ente 					"0" in o	column 2 TOTAL				OR	TOTAL		
QQ OH CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SM	ALL	ENTITY	OR	OTHER SMALL		
MENDMENT A) <u>*</u>	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVK PAID	EST BER DUSLY	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 16	Minus	-3	0	=	×\$	9=		OR	X\$18=		
	Independent	· 3	Minus	***	<u>3_</u>	=	X4	3=		OR	X86=		
∠	FIRST PRESE	T PRESENTATION OF MULTIPLE DEPENDE			CLAIM		+14	15=		OR	+290=	,	
								OTAL FEE	<u> </u>	OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID	BER DUSLY	PRESENT EXTRA	R/A	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**		=	XS	9=		OR	X\$18=		
	Independent	*	Minus	***	·	-	X43=			OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+1	45=		OR	+290=		
								OTAL		JOR	TOTAL ADDIT. FEE		
		(Column 1)		(Colu	mn 2)	(Column 3)							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	44		= .	×s	9=		OR	X\$18=		
	Independent	•	Minus	4		=	X	13=		OR	X86=		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDEN				r CLAIM		1 +1	45=		OR	+290=		
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL OR											TOTAL ADDIT. FEE		
***	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT, FEE ADDIT, FEE ADDIT, FEE Thighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 10/03)

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